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SPECIAL EDUCATION NEEDS AMONG CHILDREN
EXPOSED TO DOMESTIC VIOLENCE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

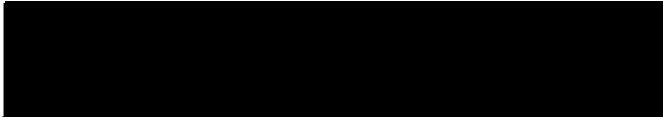
by
Denise Jo Hollingsworth
Mardetta Kay Lynch
June 2002

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Approved by:


Dr. Janet Chang, Faculty Supervisor
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6/5/02
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ABSTRACT

This study surveyed 29 mothers and 38 children, aged 8 to 17, who had experienced domestic violence. Special education placement or needs and the general school performance levels of the children were measured. Mothers answered questions about school performance and exposure to domestic violence for 48 of their children.

Participants were clients of domestic violence shelters and outreach programs in the counties of Los Angeles, Riverside, and San Bernardino, California. Over a fifth of the children were currently in special education placement and another tenth were judged by their mothers as in need of special education services. Over one half showed moderate to severe school impairment levels. No significant associations were found between special education placement and age, gender, ethnicity, mothers' education levels, or family income.

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CHAPTER ONE

INTRODUCTION

Chapter One presents an overview of the research project. The problem of concern is the effect of domestic violence exposure in children, which results in psychological and behavioral problems that may lead to school difficulties and placement in special education programs. This chapter includes a brief description of the policies and practice contexts involved when children who are living in a violent family come to the attention of social service agencies. The purpose of the study is to discover whether exposure to domestic violence leads to higher rates of special education placement. If this is so, social work practitioners can develop interventions and treatments designed to assist children in overcoming educational difficulties by addressing the underlying issue of domestic violence exposure.

Problem Statement

The problems that children experience as a result of exposure to domestic violence is a relatively new area of research. Edleson (1999) defines children's exposure to domestic violence as seeing or hearing it, being used as a hostage or ally, or being physically drawn into the

violence. Edleson's definition also includes experiencing the aftermath and consequences of domestic violence such as the loss of a parent, parent injury, police intervention, or the loss of home and friends due to moving away from the abuser or into a shelter.

Parents and children both react to domestic violence with a variety of coping mechanisms that can include minimization and denial (Peled, 1998). Without intervention, dissociation and defensive projections against remembering and dealing with the violence can become pathological (Silvern & Kaersvang, 1989). Peled also notes that psychological and behavioral problems in children may differ depending upon the type of domestic violence to which they have been exposed. At least two different types have been identified (Johnson, M., 1997): Common Couple Violence, which is intermittent, non-escalating, and less severe, and Patriarchal Terrorism, which is more severe and escalating, resulting in an unpredictable pattern of abuse and severe stress which may last for years.

Accordingly, psychological symptoms in children range from increased worries and fears about family members being harmed or causing harm (Graham-Berman, 1996) to Post-Traumatic Stress Disorder (PTSD). In some studies,

PTSD has been noted in at least one quarter of exposed children of all ages (McCloskey & Walker, 2000). Behavioral problems can include externalizing symptoms such as aggressive and antisocial behaviors. Psychological problems can include internalizing symptoms such as anxiety, depression, fearfulness, inhibition, low self-esteem, and lower social competency (Edleson, 1999; Johnson & Ferraro, 2000). Research shows that one of the outcomes of exposure to domestic violence may be academic difficulty (Edleson, 1999; Johnson & Ferraro, 2000; McCloskey & Walker, 2000). Aggressive tendencies coupled with low social competency can lead to problems in the classroom such as peer rejection, identification with violent peer groups, and higher rates of juvenile delinquency and dropping out of school (Szyndrowski, 1999).

Because of fragmented research, little is known about the cumulative effects of violence in the home, media, and community, but it may have a devastating impact on some children (Edleson, 1999). Although ways of preventing family violence have not yet been identified, it is thought that early intervention can help to prevent long-term problems in children already exposed to it (Fisher, 1999; Silvern & Kaersvang, 1989).

Of the many studies conducted to examine the effects of domestic violence on children, few have directly examined domestic violence exposure as a risk factor for special education needs or placement. Pfouts, Schopler and Henley (1982) found that half of the 141 children in their sample were described as below average or failing in school. Stagg, Wills, and Howell (1989) found that mothers rated fifteen percent of their four- to six-year-olds as needing some type of special education assistance, and were unsure about another 11.5% of the sample. Most studies have examined children's behavior problems or social competency levels which may indirectly impact their school performance, but this study attempted to directly measure the number of children in the sample who have special education needs or actual placement in such programs.

Policy Context

Much of what is known about family violence has come to light in just the past few decades. The effects of children's exposure to domestic violence is the newest field of research. Social policies dealing with children who are affected by violence between the adults in the home are inconsistent and controversial. California, Oregon, Minnesota, Utah, and Washington have adopted

policies that define exposure to domestic violence as a failure to protect, which may require mandatory reporting to and intervention by children's services agencies. Some states define such exposure as psychological maltreatment (Fontes, 2000).

Edleson (1999) maintains that it is a mistake to classify witnessing domestic violence as child maltreatment since some children, but not all, are negatively affected. Many children show great resiliency and coping skills. Furthermore, fear of disclosing family violence at the risk of losing their children may preclude some women from seeking help, resulting in the perpetuation of trauma and stress for both mothers and children. Because of the controversy, uniform and consistent policies for dealing with the problem of children's exposure to domestic violence are lacking.

Up to 70% of all child welfare cases involve domestic violence as an element, and there is recognition that domestic violence in the home increases the risk of child abuse by both mothers and fathers. Domestic violence workers sometimes see child welfare workers as uninterested in the women affected by domestic violence while child welfare agencies sometimes believe that domestic violence programs are not interested in the

effects on children. There is a need for more collaboration between the two types of agencies who deal with an overlapping population (Schechter & Edleson, 1994).

Practice Context

Under federal public law, states must provide special education services for students with emotional disabilities. The wording of the law is sufficiently vague, however, that states interpret it in a variety of ways. Federal studies have consistently shown that less than one percent (.9%) of all students receive special education services. Many children with special education needs are under-identified, with professional estimates of need ranging from two to ten percent (Kidder-Ashley, Deni, Azar, & Anderton, 2000).

Usually, only those children with the most severe emotional or behavioral problems are assigned to special education programs. According to federal guidelines, children who are mentally ill, unless they are diagnosed as schizophrenic, and those with a diagnosed conduct disorder are not eligible. Many children who need special education assistance because of emotional or behavioral problems do not receive it (Kidder-Ashley, et al., 2000). Further compounding the problem, children with severe emotional disturbance (SED), and those with serious

behavior problems are often put into special education classes together, even though their treatment needs may seem to be incompatible (Murray & Meyers, 1998).

Because of the lack of research of domestic violence's effects on children's academic functioning, there are no known policies for the screening and treatment of domestic violence as a risk factor for educational failure. There is some evidence that teachers recognize domestic violence as an influence. In one study (Johnson, G., 1997), inner city teachers rated family violence as the highest of 52 factors that can negatively impact children's school performance.

Chalk and King (1998) point out that inconsistent or non-existent treatment practices for children as well as adults affected by domestic violence are due to a fragmentation between education, health care, social services and law enforcement agencies. They suggest that more investment in carefully planned longitudinal studies might yield the knowledge needed to develop more effective social policies and integrative techniques of prevention and treatment.

Purpose of the Study

The purpose of this study is to determine whether the psychological and behavioral effects of exposure to domestic violence are significantly associated with children's school difficulties and subsequent need for special education programs. Our societal policies do not currently take into account any connection between school difficulties and exposure to domestic violence. Discovery of a significant association between these two factors would point to an even more urgent need for social workers to intervene in families with children where domestic violence is occurring.

Interventions indicated would include the need for school social workers to develop programs within the special education system that provide counseling for children's problems involving domestic violence exposure, and to give more attention to these problems in child welfare case management. By surveying children who are known to have been exposed to domestic violence for special education program involvement, this study attempted to discover whether special education assignment or need was significantly higher in this group than in the general population.

Significance of the Project for Social Work

Although many schools claim to offer counseling to SED students, only a small percentage actually provide it (Rylance, 1998). If exposure to domestic violence is one of the root causes of emotional and behavioral problems in SED students, screening for this problem and the provision of counseling which addresses the effects of this exposure may help students to improve their emotional, behavioral, and academic functioning. Professionals in the fields of education, school counseling and social work practice are currently concerned with developing programs to help children deal with the effects of exposure to violence from a variety of sources including violent behavior by students on school campuses. Domestic violence may be a more constant and present, although unseen, factor affecting students today.

Because child abuse and domestic violence often occur together (Strauss & Gelles, 1990), and because some states define children's exposure to domestic violence as a parent's failure to protect or as psychological maltreatment, social workers in the child welfare system are likely to have clients in their caseloads who are dealing with the aftermath of domestic violence.

Children's social workers need to be aware of the possible effects of domestic violence in children in order to arrange for appropriate treatments and interventions.

If exposure to domestic violence causes both externalizing and internalizing emotional and behavioral problems that lead to serious school performance deficits, it would be expected that a greater percentage of children who have been exposed to domestic violence would demonstrate more academic difficulties requiring special education services than children in the general population.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of current trends in domestic violence, the effects of ethnicity and socio-economic status on the incidence of domestic violence, the impacts of domestic violence exposure on children, and the difficulties of studying these effects. The ways in which domestic violence exposure may affect the developmental tasks of children as they grow is also discussed.

Domestic Violence Trends and Children's Exposure

The U.S. Department of Justice (2000), the source for all statistics in this section, has published findings from The National Crime Victimization Survey (NCVS) of 1998 concerning intimate partner violence. The NCVS defines intimate partner violence as violence perpetrated by a current or former spouse, boyfriend, or girlfriend in same-sex or opposite-sex relationships. In the NCVS, children under the age of 12 were a part of households where violence occurred 43% of the time, not in the household 42% of the time, and 15% of the time the

presence or absence of children was not ascertained. The national average of all households containing children under 12 is estimated at 27% in this report. Because the majority (54%) of those most directly involved in intimate partner violence are young adults of childbearing age between 16 and 34 years, children are more likely to be involved. No attempt was made in this survey to estimate the actual number of children per household in which violence has occurred.

The total number of violent crimes involving intimate partners was estimated at 1,033,660, down 21% from 1993 figures. These crimes ranged from simple assault (676,440) to murder (1,830). Rates per 1,000 victims show that women are more often targets than men are: 7.5 per 1,000 and 1.5 per 1,000, respectively. According to the Department of Justice, there has been a downward trend in the rates of violence from 1993 to 1997 (9.8 per 1,000 women in 1993 compared to 7.5 per 1,000 in 1997) with a slight increase in 1998 (7.7 per 1,000). Rates for male victims show a very similar pattern.

Social science researchers vary widely in their estimates of the prevalence of domestic violence and the number of children exposed to it. Edleson (1999) urges that a national survey more accurately determining the

number of children exposed to domestic violence be conducted since a review of the literature reveals a large range of estimates from 3.3 million to 10 million children affected annually.

Effects of Ethnicity and Poverty

The U.S. Department of Justice report (2000) lists ethnic differences in rates of intimate partner violence as 11.1 per 1000 Black females, 2.1 per 1,000 Black males, and 8.2 per 1,000 White females, 1.3 per 1,000 White males. Rates for Hispanic females are 7.7 per 1,000, and 1.3 per 1,000 Hispanic males.

Rates are dramatically higher for women in households of \$7500 or less annually (20.3 per 1,000) than for women in households of \$75,000 or more annually (3.3 per 1,000). Homeowners have lower rates (4.8 per 1,000 women) than renters (16.2 per 1,000 women). Urban women experience slightly more domestic violence (9.5 per 1,000) than those in suburban areas (7.8 per 1,000). The report summarizes this and other information to conclude that those at greatest risk are women who are young, Black, divorced or separated, and who live in rented housing in urban areas. Among males, whose rates are much lower in general, being

young, Black, divorced or separated and living in rented, urban housing puts one at the greatest risk.

Domestic violence which culminates in murder has decreased over the past twenty years for most ethnic and gender groups (44%-74%) except for White women, whose rates increased 15% from 1997 to 1998, then fell slightly in 1999 to 812, standing just below the 1976 figure of 849.

Although domestic violence can occur anywhere, in any racial or ethnic group, poverty increases the risks more than any other factor (Groves, 1997). Racial and ethnic differences were not significant when socioeconomic status was controlled in a study of 307 African American and European American women (Lockheart, 1991). Also to be taken into consideration are the cultural differences among Asian, White, Hispanic, and Black women that affect their willingness to report violence. In one study, Hispanic women, for instance, were more often willing to endure abuse without reporting it, possibly due to their economic disadvantage or immigrant status (Johnson & Ferraro, 2000).

Impacts on Children

Edleson (1999) notes the difficulty in isolating the effects of children's witnessing of domestic violence since many studies have not controlled for children who are also targets of physical or sexual abuse, as well as the failure to differentiate between the stress of living in a temporary shelter or living at home. In addition, many studies rely on mother's reports of their children's exposure and subsequent problems. Research shows that children's reports differ from their parents' in terms of problems experienced (Sternberg, Lamb, & Dawud-Noursi, 1997) as well as in whether or not they have actually witnessed violence, with the parents usually underestimating what their children have seen (Groves, 1997).

Ducharme, Atkinson, and Poulton (2000) note that children from violent homes may learn that duress and violence are effective techniques of exploiting others, thus becoming abusive themselves. Johnson and Ferraro (2000), however, disparage the tendency to take inter-generational transmission for granted rather than researching it objectively. Although most abusers and violent criminals have been abused themselves, most

victims or witnesses of family violence do not become abusers (Gelles, 1997).

Stagg, Wills, and Howell (1989) found ethnic and gender differences in preschool children exposed to domestic violence with regard to their externalizing behaviors and overall problem behaviors. White males scored highest, followed by black males. Females scored lower than males, with black females scoring higher than white females.

Edleson's (1999) analysis of 31 studies, however, shows no overall gender or ethnicity differences in internalizing versus externalizing behaviors in child witnesses, although almost all studies show significant levels of psychological and/or behavior problems in some children of all ages exposed to domestic violence. Edleson concludes that although many children exhibit psychological and behavioral problems, not all do. Strauss (1992) concludes that witnessing parental violence puts children at risk for a variety of mental health and other problems. This applies to children of all socioeconomic levels, regardless of whether or not the child is also physically abused.

In some studies, differences in how children react to domestic violence according to age and gender have been

noted, although much work remains to be done. Boys showed greater levels of worries and fears for the family as well as anxiety and depression in Graham-Bermann's (1996) study of children 7-12 years old. The youngest children, aged 7-9 years, showed significantly more worries about their father's and their own vulnerability than did children 10 to 12 years old and both groups had significantly higher levels of fear and worry than a control group from non-violent homes.

Perry (1997) notes definite age and gender differences in the impact of domestic violence on children. Boys are much more likely to become aggressive, impulsive, or violent while girls are much more likely to dissociate, presenting internalizing symptoms. All children require specific sensory experiences for proper development and brain organization at critical periods in childhood. The earlier a child experiences an unpredictable and violent atmosphere in the home, the more likely it is that brain stem function will become more active or reactive as an adaptation to chronic stress. The result of increased brainstem activity combined with a decrease in limbic or cortical area activity, because of insufficient intellectual and social stimulation, can

result in increased aggressivity, impulsivity, and violent behavior.

Perry's (1997) research in brain development and associated gender differences may lead to increased understanding of why males, rather than females, more often are the perpetrators of community and family violence. Perry contends that the attempts of boys to mediate intrafamilial violence during childhood can lead to aggressive and impulsive behaviors, because of differences in brain functioning between girls and boys, and ultimately to acts of violence in their own families and communities.

Gender differences in externalizing versus internalizing behaviors may be better understood by Katz and Gottman's (1993) finding that children tended to model their same-sex parent when their parents' marriage was hostile and conflictual. Regardless of child temperament, when either parent tended to act in a belligerent, angry or hostile manner within serious marital conflicts, their opposite-sex child tended to show internalizing behaviors when surveyed three years later, while their same-sex child tended to express externalizing behaviors such as hostility and aggression.

Human Behavior in the Social Environment Theories Guiding Conceptualization

The family is the primary environment in which development and socialization take place (Germain & Bloom, 1999). It appears that the family can also provide the earliest lessons in violence when domestic violence is present (Groves, 1997).

A nurturing and safe environment helps children to negotiate the psychosocial crises of trust versus mistrust (birth to 2 yrs.), autonomy versus shame and doubt (2-3 yrs.), initiative versus guilt (4-6 yrs.), and industry versus inferiority (6-12 yrs.), (Erikson, 1950/1963, cited in Newman & Newman, 1999). A violent home, however, which provides an atmosphere of fear, stress, and anxiety would seem to lead to negative resolutions of these stages. As each stage leads to the next in stair-step fashion, a child of nine who has developed more mistrust, shame, and doubt than trust, autonomy, and initiative will have a very difficult time developing the industry or sense of self-mastery needed to be successful in school.

Craig (1992) describes the many problems that may impede the academic functioning in children from violent homes. Unpredictable violence and stress interfere with the development of problem-defining and problem-solving

skills, social competency, language development, and a sense of control over personal behavior and resulting outcomes. Craig suggests that special education assistance may be required to help these children complete childhood developmental tasks.

There is also some evidence of long-term effects such as low self-esteem, depression, and lower social competency based on studies of college women who had experienced exposure to domestic violence as children (Edleson, 1999; Johnson & Ferraro, 2000). This suggests that the development of foundational social and psychological strengths in childhood may be hindered by domestic violence exposure.

Children's views of reality and interpretations of violence in the home and community may also contribute to the behavior problems that seem to result from domestic violence exposure. According to postmodern social constructivist theory, children may learn distorted and maladaptive beliefs about the social world in a violent family. Negative behaviors can be the result of such a distorted worldview. Social work practitioners may be able to develop interventions for children such as narrative story-telling and imagination exercises. This would help children conceptualize positive interactions between

family members rather than viewing violence as normal or unavoidable in their world. Using a social constructivist approach, social workers can help children create new social realities for themselves. Approaches that are more traditional have directly addressed the negative behavior problems, which may be only symptoms of living within a violence-induced social reality (Markward, 1997).

Summary

Current research demonstrates a growing awareness of the effects of domestic violence in the children exposed to it. With more research and understanding as well as cooperation among practitioners of various disciplines, social workers may, in time, be able to help prevent and treat the many problems associated with domestic violence, including the psychological and behavioral problems that can lead to school difficulties for children.

CHAPTER THREE

METHODS

Introduction

Chapter Three explains the overall design of the study. The survey instruments and participants are described, as well as how the data were gathered and analyzed. Methods used to ensure the confidentiality, informed consent, and voluntary participation of the respondents are also discussed.

Study Design

A quantitative survey design was used to explore the association between children's exposure to domestic violence and their need for special education services. Paper and pencil questionnaires were used to poll both mothers and their school-aged children about their exposure to domestic violence and the children's need for or involvement in special education programs. Mothers were asked to answer questions about their children's school performance and children were asked to answer questions about their own school performance.

Sampling

The sample was drawn from residents in the Antelope Valley Domestic Violence Council's shelter or transitional

living programs, non-residential clients of the outreach groups near Lancaster, California, non-residential clients of Alternatives to Domestic Violence's outreach groups in the cities of Riverside, Corona, and Temecula, California, and residential clients of High Desert Domestic Violence Program's shelter near Victorville, California. Each organization provided the researchers with written permission for data collection (see Appendix F).

The researchers attended support groups in each organization between February 25, 2002 and April 22, 2002 and personally invited mothers and their children, if present, to participate in the study. Mothers whose children were not present at the meetings were given the option of administering the children's questionnaires to their children at home and mailing them to the researchers.

A purposive sample group was chosen in an effort to select women who have identified themselves as victims of domestic violence and whose children were likely to have been exposed. Qualified participants were defined as mothers whose children were between the ages of eight and seventeen and their children, aged eight to seventeen. Women without children of qualifying ages and their children were excluded from the study.

During ten meetings attended by the researchers, eighty-six women were invited to participate, forty-three qualified, and twenty-nine participated. These twenty-nine mothers answered school performance questionnaires for forty-eight of their children. Although mothers signed consent forms for fifty-six children, only thirty-eight of the children participated.

Data Collection and Instruments

The independent variable, exposure to Domestic Violence, was measured using Version A of The Conflict Tactics Scale (CTS) by Straus (Straus & Gelles, 1990). This scale uses a Likert-type ordinal ranking of responses from 0 (never) to 5 (more than once a month). The CTS contains subscales for reasoning, verbal aggression, and physical aggression. Scores range from 0 to 25 for each subscale, with higher scores reflecting greater use of the particular tactic (see Appendix A).

The CTS has been evaluated in six studies for internal consistency, concurrent validity, and construct validity, receiving extensive support. Reliability testing has resulted in sixteen alpha coefficients from .62 to .88 on the verbal aggression subscale, and seventeen alphas from .42 to .96 on the physical aggression subscale. The

CTS does not seem to be correlated with social desirability (Straus & Gelles, 1990).

The dependent variable, special education placement or need was measured by a questionnaire designed by the researchers. The questionnaire was based on the Children's Impairment Scale, School Adjustment subscale, (CIS-SA). This scale was developed jointly by the Children's Service Committee and the Research and Evaluation Committee of the California Conference of Local Mental Health Directors and the Division of Program Evaluation, Langely Porter Psychiatric Institute, University of California, San Francisco (availability: Evaluation and Program Planning, Vol. 5, 1982). The CIS-SA has been tested for inter-rater reliability, receiving scores of .64 to .69 when used with vignettes or actual outpatients, respectively, by one rater. Using two raters would increase these rates considerably according to Sorensen, Hargreaves, and Friedlander (1982), who tested the scale.

The questionnaire derived from the CIS-SA scale included questions about school performance, behavior problems in school, grade retention, and special education or resource class enrollment. Three versions of the questionnaire, one for elementary school children, one for junior high to high school students, and one for parents,

were used (see Appendix A). The parent form of the questionnaire included additional demographic questions as well as questions about the length in years of domestic violence experienced by the mothers and their children, whether or not the child was also abused, and whether or not the mothers noticed any effects of domestic violence on their children's school performance.

Responses provided nominal levels of data (gender, ethnicity, also abused or not), continuous variables such as the mother's and child's ages and the child's grade level in school, and ordinal data such as the child's current grade average, the mother's educational level, and family income levels. School performance true or false questions were translated into the CIS-SA's ordinal rankings of one through five (no school impairment to severe school impairment) for data analysis by both researchers and compared for inter-rater agreement. The Conflict Tactics scale yielded ratio level data.

The instruments were pre-tested with outreach group members in Lancaster, California. Some wording was changed to provide greater clarity after receiving their questions and comments.

Procedures

The researchers explained the purpose of the study, the qualification requirements, and how the anonymity and confidentiality of the participants would be protected to attendees of the support group meetings. Mothers were asked to read and sign informed consent forms (see Appendix B) for their children and themselves if they wished to participate. Paper and pencil questionnaires were given to the mothers first, beginning with the CTS. One school questionnaire for each qualifying child was then given to the mother. After the questionnaires were completed, the researchers collected them and gave the respondent a copy of the debriefing statement to keep (see Appendix C). Respondents were also given a candy bar for their participation.

Children who were present, and whose mothers had given consent, were surveyed separately. The children received consent forms, the CTS, and a school questionnaire. Completed questionnaires were collected and the children were given a debriefing form, as well as a candy bar for their participation. Verbal instructions and clarifications were provided as needed by the research team. Questions were read aloud to adult or child

participants who preferred not to read, or who had trouble reading.

Children who were not present were given the option of participating by their mothers, who were instructed to read and explain the consent forms to their child. If the children wished to participate, mothers were instructed to have the children sign the consent form, fill out the CTS scale and school questionnaire for their school level, and to keep the debriefing form. Debriefing forms were marked "keep this," by the researchers, and the mothers were provided with self-addressed, stamped envelopes for mailing completed questionnaires to the researchers.

The mothers were given one candy bar for each of their qualifying children, and instructed to give the candy bar to the child after the questionnaires were completed, or after the child declined to participate. Twenty mail-in packages were given to mothers who requested them. Ten children's questionnaire sets were returned, for a response rate of 50%.

Protection of Human Subjects

The confidentiality and anonymity of the study participants was protected by a numbering system that linked mothers with their respective children on the

surveys themselves, for data analysis purposes. Names were not written on the questionnaires. Names and other identifying characteristics were held confidential by the researchers. Study participants were asked to read and sign informed consent forms with the researchers' verbal explanations before they participated.

Mothers signed consent forms for themselves and their children. Children signed consent forms for themselves, which were read aloud and explained by the researchers or by the child's mother in cases of mailed-in responses. The children and their mothers were informed that even though the mothers had signed for them, the children were still free to choose not to answer the questions. Informed consent forms containing names were placed in a sealed envelope by the researchers and kept in a locked file drawer.

Participants were informed about the purpose of the study, the voluntary nature of their participation, and that they could discontinue participation at any time (See Appendix B). The participants were given debriefing statements containing the names of the researchers and the faculty advisor for the project, instructions for contacting the researchers for any questions they had

concerning the study, and information about how to obtain the results of the study (See Appendix C).

Data Analysis

Data analysis was conducted with descriptive and analytic objectives. Descriptive statistics including frequency distributions, measures of central tendency, and dispersion were used to describe the characteristics of the variables. Bivariate statistics, including chi-square tests and Pearson's correlation coefficients were used to assess the associations between demographic, independent, and dependent variables. SPSS for Windows, Version 9.0 was used for all statistical analysis, and an alpha level of $< .05$ was specified as a measure of significance.

Summary

This chapter described the design of the study, the target sample population, and the data collection methods and procedures. Methods used to insure the protection of human subjects were described. Descriptions of the instruments used and the data analysis methods employed were also reported.

CHAPTER FOUR

RESULTS

Introduction

Chapter Four presents the results of the study. The demographic characteristics of the mothers and the children are described. Mothers' and children's reports of the children's school performance as well as both groups' exposure to domestic violence are also reported. The chapter concludes with a summary of the results.

Presentation of the Findings

Table 1 presents the demographic characteristics of the mothers (see Table 1). Twenty-nine mothers answered questionnaires about domestic violence and their children's school performance. The age range of the mothers was 30 to 56 years with an average age of 40 years. Over half (55.2%) were 30 to 39 years of age, over one quarter (27.6%) were 40 to 49 years, and 17.2% were over 50 years old. Less than half of the mothers identified themselves as White (44.8%), almost one third were Hispanic (31%), 17.2% were Black, 3.4% were Asian, and 3.4% reported their ethnicity as "other."

The educational levels of the mothers ranged from college degree to no formal schooling. Over one third

Table 1. Demographic Characteristics of Mothers

Variable	Frequency (n)	Percentage (%)
Age (N = 29) Mean = 40.0		
30 - 39	16	55.2%
40 - 49	8	27.6%
50 - 59	5	17.2%
Ethnicity (N = 29)		
White	13	44.8%
Hispanic	9	31.0%
Black	5	17.2%
Asian	1	3.4%
Other	1	3.4%
Level of Education (N = 29)		
No School	1	3.4%
Grade School	2	6.9%
Junior High	1	3.4%
High School	9	31.0%
Some College	11	37.9%
College Degree	4	13.8%
Other Training	1	3.4%
Annual Income Levels (N = 28)		
Less than \$10,000	10	35.7%
\$10,000 to \$19,999	4	14.3%
\$20,000 to \$29,999	5	17.9%
\$30,000 to \$39,999	1	3.6%
\$40,000 to \$49,999	0	0.0%
\$50,000 or more	8	28.6%
Length of Time Exposed to Domestic Violence (N = 29) Mean=11.09		
Less than 1 year	2	6.9%
1 to 5 years	6	20.7%
6 to 10 years	8	27.6%
11 to 15 years	5	17.2%
16 to 20 years	5	17.2%
Over 20 years	3	10.3%

(37.9%) had attended some college, about one third (32.%) reported their highest level of education as high school,

13.8% had completed a college degree, and 6.9% had attended grade school only. Only one mother (3.4%) reported other professional training beyond high school, one respondent (3.4%) reported junior high as the highest level of education, and one mother (3.4%) reported that she had never attended school. Overall, 55.1% of the mothers had educational levels beyond high school. Income levels of over one third of the respondents was under \$10,000 annually (35.7%), over one quarter had income levels of over \$50,000 (28.6%), 17.9% reported income levels of \$20,000 to \$29,000, and 3.6% reported income as \$30,000 to \$39,000. The average level of income was \$20,000 to \$29,000 overall.

The length of time the mothers reported being exposed to domestic violence ranged from one month to thirty-seven years, with a mean of 11.09 years. Over one quarter (27.6%) were exposed for six to ten years, about one fifth (20.7%) reported one to five years of exposure, 17.2% reported eleven to fifteen years, 17.2% believed they were exposed for sixteen to twenty years, 10.3% reported over twenty years of exposure, and 6.9% reported less than a year of exposure.

About half (51.7%) of the mothers were residing in shelters or transition housing after living in a shelter,

and about half (48.3%) were non-residential outreach clients. Of the children, 56.2% were living with their mothers in shelter or transition housing and 43.8% were non-residential children whose mothers were outreach clients.

Table 2 presents the demographic characteristics of the children. Twenty-nine mothers answered questions about their children's school performance. The mothers answered for forty-eight children who ranged in age from eight to seventeen. Less than half of the children (41.7%) were eight to ten years old, about one third (35.4%) were between the ages of eleven and thirteen, and less than a quarter (23.0%) were aged fourteen to seventeen. Less than half were White (44.7%), less than a third were Hispanic (29.8%), 17.0% were Black, 4.3% were Asian, and one child (2.1%) was Native American.

More than half (56.3%) of the children were in elementary school grades two through six, less than a quarter (22.9%) were in junior high grades seven and eight, and 20.9% were in high school grades nine through eleven. Gender was almost equally distributed; 51.1% were males and 48.9% were females.

Table 2. Demographic Characteristics of Children

Variable	Frequency (n)	Percentage (%)
Age (N = 48) Mean = 11.44		
8	8	16.7%
9	7	14.6%
10	5	10.4%
11	6	12.5%
12	5	10.4%
13	6	12.5%
14	3	6.3%
15	3	6.3%
16	4	8.3%
17	1	2.1%
Ethnicity (N = 47)		
White	21	44.7%
Hispanic	14	29.8%
Black	8	17.0%
Asian	2	4.3%
Native American	1	2.1%
Grade Level (N = 48) Mean = 5.94		
2	5	10.4%
3	8	16.7%
4	4	8.3%
5	3	6.3%
6	7	14.6%
7	7	14.6%
8	4	8.3%
9	5	10.4%
10	3	6.3%
11	2	4.2%
Gender (N = 47)		
Male	24	51.1%
Female	23	48.9%

Table 3. Mothers' Estimates of Children's Exposure to Domestic Violence

Variable	Frequency (n)	Percentage (%)
Seen or heard domestic violence (N = 46)		
Yes	41	89.1%
No	1	2.2%
Don't Know	4	8.7%
Time child Exposed (N = 47) Mean = 7.41		
Less than one year	3	6.4%
1 to 5 years	13	27.7%
6 to 10 years	16	34.0%
11 to 16 years	15	31.9%
Child also physically abused (N = 46)		
Yes	23	50.0%
No	23	50.0%
Abusive partner's relationship to child (N = 48)		
Father	29	60.4%
Stepfather	6	12.5%
No relation	13	27.1%
Change in school performance (N = 41)		
Yes	21	51.2%
No	20	48.8%

Table 3 presents the mothers' responses about their children's exposure to domestic violence. The mothers were asked, for each child, if they thought their child had seen or heard domestic violence. Most (89.1%) answered yes and 8.7% answered "don't know." Only one mother (2.2%) answered no. Mothers' estimates of the amount of time

their children were exposed to domestic violence ranged from one month to sixteen years. About one third (34.0%) were exposed for six to ten years, another third (31.9%) were exposed for eleven to sixteen years, and 27.7% were exposed for one to five years. Only three of the forty-eight children (6.4%) were exposed for less than a year.

Mothers reported that half (50%) of the children had been physically abused by their partner while half (50%) had not. The relationship of the abusive partner to the child was listed as "father" 60.4% of the time, as "no relation" in 27.1% of the cases, and as "stepfather" for 12.5% of the children. Mothers were also asked if they thought their children's school performance had changed since being exposed to domestic violence. Over half (51.2%) answered yes while just under half (48.8%) answered no.

The true or false questions on the children's school performance questionnaires were rated using the CIS-SA instrument (see Appendix D). Each researcher rated the questionnaires separately and the results were compared. Discrepancies in scoring (11 out of 83 questionnaires, or 13.25%) were re-examined until agreement was reached.

Table 4 describes the mothers' reports of their children's school performance.

Table 4. Mothers' Reports of Children's School Performance

Variable	Frequency (n)	Percentage (%)
School Impairment (N = 47)		
1 - None	3	6.4%
2 - Minimal	14	29.8%
3 - Mild	4	8.5%
4 - Moderate	9	19.1%
5 - Severe	17	36.2%
Special education placement (N = 47)		
Yes	10	21.3%
No	32	68.1%
Needs, not enrolled	5	10.6%
Held back (N = 46)		
Yes	9	19.6%
No	36	78.3%
Don't Know	1	2.2%
Suspended (N = 47)		
Yes	15	31.9%
No	32	68.1%
Average grades (N = 47)		
Straight As	1	2.1%
As and Bs	17	36.2%
Bs and Cs	11	23.4%
Cs and Ds	15	31.9%
Failing	3	6.4%

Severe school impairment scores were found in over one third (36.2%) of the mothers' reports of their children's school performance. Under one third (29.8%) of the children were rated as having minimal school

impairment, 19.1% were rated as moderately impaired, 8.5% as mildly impaired, and 6.4% had no impairment at all.

The majority (68.1%) of mothers stated that their children were not enrolled in special education classes. About one fifth (21.3%) of the children were enrolled, and 10.6% of the mothers thought their children needed special education although they were not enrolled. Most of the children (78.3%), had never been held back or failed a grade, according to the mothers. About one fifth (19.6%) of the children had failed a previous grade level. Only one mother (2.2%) was unsure. The majority of the children (68.1%) had never been suspended, according to the mothers, and about one third (31.9%) had been suspended.

Mothers reported average grades as As and Bs for 36.2% of the children, Cs and Ds for 31.9% of the children, and 23.4% of the children were receiving Bs and Cs. A small percentage, 6.4% of the children were failing, and one student (2.1%) was reported as receiving straight As.

Table 5 presents the children's reports of their own school performance. Severe school impairment scores were given to over one-third (39.5%) of the children, based on their answers to the school questionnaire, if suspension, recurring failure leading to being held back, or failing

Table 5. Children's School Performance Responses

Variable	Frequency (n)	Percentage (%)
Children's School Impairment Scale (CIS-SA) score (N = 38)		
1 - None	4	10.5%
2 - Minimal	8	21.1%
3 - Mild	1	2.6%
4 - Moderate	10	26.3%
5 - Severe	15	39.5%
Special Education Placement (N = 38)		
Yes	10	26.3%
No	27	71.1%
Needs, not enrolled	1	2.6%
Held Back (N = 38)		
Yes	11	28.9%
No	27	71.1%
Suspended (N = 38)		
Yes	8	21.1%
No	30	78.9%
Average Grades (N = 38)		
Straight As	8	21.1%
As and Bs	9	23.7%
Bs and Cs	16	42.1%
Cs and Ds	4	10.5%
Failing	1	2.6%

grades in special placement was indicated. Over one quarter (26.3%) of the children were rated as moderately impaired, based on answers indicating the requirement for special education remediation or persistent behavioral problems. About one fifth (21.1%) of the sample was rated as minimally impaired, with some adjustment problems but no school impairment present, 10.5% received a rating of

none, or no school impairment at all. One child (2.6%) was rated as mildly impaired, indicating a recent failure in one subject, or teacher's reports to parents of disruptive classroom behavior.

Most of the children (71.1%) reported that they were not in special education placement, but over one quarter (26.3%) stated that they were enrolled in special education programs. One child (2.6%) reported the need for special education services but was not enrolled. Most of the children (71.1%) reported that they had never been held back or failed a grade level, while 28.9% stated that they had been held back. The majority of children (78.9%) also stated that they had never been suspended, while just over a fifth (21.1%) of the sample had been suspended from school.

About 42% of the children reported their average grades as Bs and Cs, 23.7% reported their grades as As and Bs, and 21.1% of the children stated they received "Straight As" in school. About one tenth (10.5%) of the children reported their grades as Cs and Ds and one child (2.6%) reported his or her grades as "Failing."

Responses from the Conflict Tactics Scales are reported in Appendix E. Two of the three CTS subscales,

verbal aggression and physical aggression were combined to form an overall aggression score (see Table 6).

Table 6. CTS Combined Aggression Scores

Variable	Frequency (n)	Percentage (%)
Mother's Report of Self (N = 21)		
0-10	10	47.6%
11-20	7	33.4%
21-30	3	14.2%
31-40	1	4.8%
41-50	0	0.0%
Mother's Report of Partner (N = 22)		
0-10	1	4.5%
11-20	7	31.9%
21-30	4	22.6%
31-40	6	27.3%
41-50	4	18.2%
Child's Report of Mother (N = 32)		
0-10	14	46.9%
11-20	9	28.1%
21-30	1	3.1%
31-40	1	3.1%
41-50	6	18.7%
Child's Report of Mother's Partner (N = 27)		
0-10	3	11.1%
11-20	8	29.6%
21-30	7	26.0%
31-40	5	18.5%
41-50	4	14.8%

Aggression subscale scores used to measure the independent variable, exposure to domestic violence, was compared with one of the dependent variables, school impairment, as measured by CIS-SA scores. The Pearson's

correlation coefficient was calculated, and mothers' self-reports of their own use of aggressive tactics were not found to be strongly related to the children's school impairment levels ($r = .02$, $P < .92$), nor were mothers' reports of their partners' use of aggression associated with school impairment ($r = .23$, $P < .18$). Children's reports of their mothers' and their mothers' partners' aggression scores were both unrelated to the children's school impairment scores ($r = -.11$, $P < .57$, and $r = .12$, $P < .55$).

Special education placement or need was not significantly related to: gender of the child ($\text{Chi-Square} = .89$, $df = 2$, $P = .64$), child's ethnicity ($\text{Chi-Square} = .17.89$, $df = 10$, $P = .057$), location of the child ($\text{Chi-Square} = 9.14$, $df = 10$, $P = .52$), or whether the child had been physically abused by the perpetrator ($\text{Chi-Square} = .89$, $df = 2$, $P = .64$). Mothers' education levels were also not strongly associated with special education placement ($\text{Chi-Square} = 3.48$, $df = 6$, $P = .75$), nor were family income levels ($\text{Chi-Square} = 2.63$, $df = 4$, $P = .62$).

Summary

The combined rate of special education placement (21.3%) and special education need (10.6%) in these children was 31.9%. No significant associations between special education placement and gender, ethnicity, location, mothers' education levels, income levels or physical abuse were found. Although the mothers reported 89.1% of the children had seen or heard domestic violence and 55.3% of the children had moderate to severe school impairment, no correlations were found between either the mothers' or the children's reports of the use of aggression during conflicts by the mothers or mothers' partners and the children's school impairment levels.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five presents a discussion of the results of the study, the limitations of the study, implications for further research, and recommendations indicated for social work policy and practice. The Chapter concludes with a summary of the discussion.

Discussion

Mothers' reports that 21.3% of the children were currently in special education placement is a much higher rate than the .9% national average. When the sample's special education placement rate is combined with the 10.6% of children judged by their mothers as needing special education services, 31.9% of the children had some type of special education need. This is a significantly higher rate than the 2% to 10% estimate of the need for special education services indicated by the literature. These results support the study's hypothesis that children exposed to domestic violence would have a higher rate of special education placement or need than children in the general population.

Over half of the children showed moderate to severe levels of school impairment, according to their mothers' reports. Over two thirds of the children who reported on their own school performance were moderately to severely impaired. The results indicate that the majority of these children were experiencing real difficulties in school.

A strength of the study was the wide range of ethnicity and age of the children, and the income and education levels of the mothers. The majority of the mothers were well-educated. No significant associations were found between special education placement or need and gender, mothers' education or income levels, shelter or outreach location, or physical abuse of the child. Some researchers' concerns that these factors have a greater effect on children's school performance than domestic violence does are not supported in this study. The results, however, are probably not generalizable because of the small sample size.

One factor, ethnicity of the child, however, was close to significant ($P = .057$). Examination of the data revealed that four of the children who were identified as needing special education by their mothers were Hispanic, and the remaining ten Hispanic children were not in special education placement. This may indicate that the

Hispanic children were under-identified by school personnel as having special education needs. Another possible explanation is that the mothers' interpretation of the term "special education" included help with language problems, as one mother indicated in writing.

Although most of the mothers thought their children had seen or heard domestic violence, most of the children reported being less aware of the aggression used by their fathers, stepfathers, or mothers' partners than the mothers did. Almost half of the mothers reported their partners as highly aggressive while only a third of the children reported the same level of aggression for the partner. Mothers reports of their own aggressive tactics also differed from the children's reports of them. Only 4.8% of the mothers rated themselves as moderately aggressive, but over a fifth of the children rated their mothers as moderately to highly aggressive.

Although no correlations were found between the degree of violence or aggressive tactics used by the parents and the children's school impairment levels, this may have been due to the small sample size, and the sensitivity of the instruments used. It may also be possible that while children are not consciously aware of or suppress awareness of the levels of violence in the

home, they are nevertheless affected on a subconscious level.

This lack of correlation may also indicate that there is no particular directional relationship between the amounts and types of conflict in the home and children's school performance. Perhaps some children may experience emotional and behavioral problems that impair their academic progress while others do not, regardless of the severity or duration of the domestic violence. Children's resiliency factors, a mothers' ability to attend to her children's' needs, and the meaning that the child, the parents, and the siblings attribute to violent events and family dysfunctions may all contribute to how well children cope.

Limitations

The surveys relied on self-reports and personal recall of past events, which may have affected the reporting of domestic violence. Because of ethical and practical concerns, it was not feasible to go directly to the children's schools to obtain records on school performance, although the mothers and children did show relatively close agreement in their reports.

Another limitation of the study was the small sample size. It was difficult to obtain both mothers' and children's surveys without relying on shelter residents only. Previous studies have criticized studies of children living in shelters because of the anxiety and fear that may be present in their unusual situation. The researchers attempted to reach a broad range of mothers and children exposed to domestic violence by concentrating on the outreach groups. Some of these groups do not have programs for children, making the inclusion of many children difficult to achieve. In addition, outreach group mothers who qualified for the study were sometimes reluctant to participate because of their fears, worries, or distractions, while shelter residents seemed to feel safer, less distracted, and more willing to participate.

It is possible that the instrument used to assess family violence was not sensitive enough. The Conflict Tactics Scale version used for this study did not have a severe violence subscale. In addition, participants may not have understood the instruments, and there were many missing answers in the surveys collected, further reducing the size of the sample's testable data set.

Recommendations for Social Work Practice, Policy and Research

There is a need for more integration between the various disciplines so that practitioners and policy makers in the areas of social welfare, education, and mental health services can develop ways of preventing, identifying, and treating the many effects of domestic violence on society in general and on individuals, especially children. More programs to help children deal with the problems that may occur as a result of domestic violence exposure are needed, and school social workers should become aware of a possible association between children's school difficulties and domestic violence exposure. Screening tools to test for children's exposure could be developed and used in special education programs so that children dealing with the effects of domestic violence in their lives can be identified and helped.

More funding for research is needed to explore the relationship between domestic violence and children's school performance. Perhaps some children possess coping skills and resiliency traits that mitigate the effects of domestic violence exposure, while others do not. Some family system dynamics may help children to do well in spite of difficulties, while other children lack the type

of family support systems they need to weather the storms. Identifying these factors could help social workers develop treatments designed to help children function better in the social and academic arenas.

The high levels of school impairment scores compared with the rate of actual special education placement revealed in this study supports the theory that children with special education needs are not being identified and helped often enough. Children who are having school adjustment problems, as evidenced by suspension, grade retention, or persistent behavior problems should be considered an at-risk group. Parents and children need to be informed about the resources available through the public school systems, and their rights under federal law to obtain these resources.

Social workers can advocate for change in the public school systems so that help for children with academic needs can be provided more often. Social workers can also advocate for individual students and their parents, and help them to obtain information about available services and their rights to those services.

Social workers who work with domestic violence programs can educate parents about the possibility of the negative effects of children's exposure, and include

children's school performance in their family assessment considerations. Parents who are struggling with the many problems associated with domestic violence can be supported by referrals to parent advocates to help them obtain the public school system resources their children need.

Conclusions

The children in this sample had high rates of moderate to severe school impairment and relatively high rates of suspension and grade retention. Special education placement and need was many times higher than the national average. Further research is needed to explore the relationship between children's exposure to domestic violence and its effects on children in many areas, including their school performance.

APPENDIX A
QUESTIONNAIRES

School Questionnaire

(Parent)

Please circle the best answer and/or fill in the blank as it applies to your child's school performance.

True/False My child is doing well in school.

True/False My child has some adjustment problems but it doesn't affect schoolwork.

True/False My child has failed only one class in the past year.

True/False My child's teacher(s) have reported that he/she is disruptive in class. .

True/False My child has failed one subject more than once: _____
(please write in subject)

True/False School staff has suggested tutoring or special classes.

True/False My child is in special education classes: _____
(Name program or classes)

True/False I think my child needs special education or tutors, but is not enrolled.

True/False My child is frequently in trouble at school for behavior problems.

True/False My child is almost never in trouble at school for behavior problems.

True/False My child has had to repeat a grade or was held back: _____
(which grade?)

True/False My child has been suspended from school: _____
(when or which grade level?)

True/False My child has been expelled or transferred to another school because of behavior problems the school couldn't or wouldn't deal with.

True/False I have been called in to school for a special conference about my child's behavior problems at least once each quarter or semester in the past year

True/False My child has never been expelled, suspended, or held back in school.

What was your child's average report card like during the past 12 months? (Circle One)

Usually failing Cs & Ds Bs & Cs Bs & As Straight As

Please write your child's grade point average for the last report card if you know it:

Do you think your child has seen or heard domestic violence?

Yes No Don't Know

Your child's age: _____ Grade: _____ Male or Female _____

How long do you think you were exposed to domestic violence? _____

How much of that time did your child live with you? _____

How much of that time did the abusive person live with you? _____

Has your child been physically abused by this abusive person? _____

The abuser's relationship to you _____ To your child? _____

Do you think your child's school performance has changed since being exposed to domestic violence? Please describe: _____

Does your child have any physical or mental disabilities that cause him or her to have school difficulties? (Yes or No) _____ If yes, please describe: _____

Your average household income level (before any separation or entering a shelter which may have changed your income level): Circle One:

Less than \$10,000 \$10,000 to \$19,999 \$20,000 to \$29,999

\$30,000 to \$39,999 \$40,000 to 49,999 \$50,000 and above

Your education (please circle highest level):

Grade School Jr. High High School

Some College College Degree or other: _____

Your ethnicity or race (circle):

Black White Hispanic Native Amer. Asian Other _____

Your child's race or ethnicity: _____

Your age: _____ Age of the abusive Partner: _____

Would you like to tell us anything else about your child, domestic violence, and school?

School Questionnaire

(Elementary Level)

True/False I do well in school.

True/False I get along with the other children in my classroom.

True/False I get along with most children on the playground.

True/False I often get in trouble in class for talking or getting out of my seat.

True/False I had to repeat a grade or year in school. Grade? _____

True/False I am in tutoring. If true, which subject? _____

True/False I am in a special education class.

True/False I often get sent to the principal's office for being in trouble.

True/False I almost never get in trouble at school.

True/False I have been suspended from school.

True/False I have been expelled or transferred to another school because of getting in trouble at school.

True/False I have never been held back a grade, suspended or expelled.

My grades during the past year have usually been (circle one):

Failing Below Average Average Above Average Excellent

Your age _____ Your Grade _____ Boy or Girl (circle one)

SCHOOL QUESTIONNAIRE

(Junior High to High School)

Please circle the best answer or fill in the blank.

True/False I am doing well in school.

True/False I have some family problems but it doesn't affect my schoolwork.

True/False I have failed only one class in the past year.

True/False I have failed one subject several times: _____
(please write in subject)

True/False My teacher(s) have reported that I am disruptive in class.

True/False Teachers or parents say I need tutoring or special classes.

True/False I am in special education or resource classes: _____
(names of special education programs or classes)

True/False I think I need special education classes or tutors, but am not enrolled.

True/False I am often in trouble at school because of behavior problems.

True/False I am almost never in trouble at school for behavior problems.

True/False I have had to repeat a grade or was held back: _____
(which grade?)

True/False I have been suspended from school: _____
(during which grade level?)

True/False I have been expelled or transferred to another school because of problems.

True/False My parent or guardian has been called in to school for a special conference at least once each quarter or semester during the past year because of my problems at school.

True/False I have never been expelled, suspended, or held back in school.

My grade average during the past year has usually been (circle one):

Failing Cs & Ds Bs & Cs As & Bs Straight As

Your age _____ Your current grade level _____ Male or Female _____

CONFLICT TACTICS QUESTIONNAIRE

(Child)

These questions are about the kind of family fighting you may have seen or heard during the past year. Please answer these questions about the arguments or disagreements between the parent you mainly lived with and the person they lived with or dated. Example: Mother, Father, Boyfriend, Girlfriend, Stepmother, Stepfather, etc. Please write these people in on the lines below, under "Parent" and "Partner", without using names.

This is a list of some of the things your parents or your parent and their partner might have done during disagreements or conflicts. Thinking about all of the disagreements (not just the most serious one), how often did they do the things listed at any time during the past year or the last year they were together? Using this scale, circle the number that fits the statement best:

- 0 = Never
- 1 = Once that year
- 2 = Two or three times
- 3 = Often, but less than once a month
- 4 = About once a month
- 5 = More than once a month

	Parent	Partner
A. Tried to discuss things calmly	0 1 2 3 4 5	0 1 2 3 4 5
B. Did discuss the issue calmly	0 1 2 3 4 5	0 1 2 3 4 5
C. Got information to back up his/her side of things	0 1 2 3 4 5	0 1 2 3 4 5
D. Brought in someone else to help settle things (or tried to)	0 1 2 3 4 5	0 1 2 3 4 5
E. Argued heatedly but short of yelling	0 1 2 3 4 5	0 1 2 3 4 5
F. Yelled or insulted	0 1 2 3 4 5	0 1 2 3 4 5
G. Sulked or refused to talk about it	0 1 2 3 4 5	0 1 2 3 4 5
H. Stomped out of the room	0 1 2 3 4 5	0 1 2 3 4 5
I. Threw something (but not at the other) or smashed something	0 1 2 3 4 5	0 1 2 3 4 5

	Parent	Partner
J. Threatened to hit or throw something at the other	0 1 2 3 4 5	0 1 2 3 4 5
K. Threw something at the other person	0 1 2 3 4 5	0 1 2 3 4 5
L. Pushed, grabbed, or shoved the other	0 1 2 3 4 5	0 1 2 3 4 5
M. Hit (or tried to hit) the other person but not with anything other than their hand	0 1 2 3 4 5	0 1 2 3 4 5
N. Hit or tried to hit the other person with something hard	0 1 2 3 4 5	0 1 2 3 4 5
O. Threatened to break up or divorce	0 1 2 3 4 5	0 1 2 3 4 5
P. Other. Please describe:	0 1 2 3 4 5	0 1 2 3 4 5

Conflicts Tactics Scale Questionnaire

(Parent)

Please answer these questions by circling the number that best describes how often you and your spouse or partner dealt with disagreements or conflicts in the following ways. Please take all disagreements during the last year you were together into consideration, not just the most serious one.

- 0 = Never
- 1 = Once that year
- 2 = Two or three times
- 3 = Often, but less than once a month
- 4 = About once a month
- 5 = More than once a month

	Yourself	Your Partner
A. Tried to discuss things calmly	0 1 2 3 4 5	0 1 2 3 4 5
B. Did discuss the issue calmly	0 1 2 3 4 5	0 1 2 3 4 5
C. Got information to back up his/her side of things	0 1 2 3 4 5	0 1 2 3 4 5
D. Brought in someone else to help settle things (or tried to)	0 1 2 3 4 5	0 1 2 3 4 5
E. Argued heatedly but short of yelling	0 1 2 3 4 5	0 1 2 3 4 5
F. Yelled or insulted	0 1 2 3 4 5	0 1 2 3 4 5
G. Sulked or refused to talk about it	0 1 2 3 4 5	0 1 2 3 4 5
H. Stomped out of the room	0 1 2 3 4 5	0 1 2 3 4 5
I. Threw something (but not at the other) or smashed something	0 1 2 3 4 5	0 1 2 3 4 5
J. Threatened to hit or throw something at the other	0 1 2 3 4 5	0 1 2 3 4 5
K. Threw something at the other person	0 1 2 3 4 5	0 1 2 3 4 5
L. Pushed, grabbed, or shoved the other	0 1 2 3 4 5	0 1 2 3 4 5
M. Hit (or tried to hit) the other person but not with anything other than their hand	0 1 2 3 4 5	0 1 2 3 4 5

	Yourself	Your Partner
N. Hit or tried to hit the other person with something hard	0 1 2 3 4 5	0 1 2 3 4 5
O. Threatened to break up or divorce	0 1 2 3 4 5	0 1 2 3 4 5
P. Other. Please describe:	0 1 2 3 4 5	0 1 2 3 4 5

APPENDIX B
INFORMED CONSENT FORMS

Study of Children's Domestic Violence Exposure

Parent's Informed Consent

The study in which you are about to participate is designed to investigate whether or not children's exposure to domestic violence affects their school performance. This study is being conducted by Denise Hollingsworth and Mardetta Lynch, graduate students, under the supervision of Dr. Janet Chang, Assistant Professor of Social Work at California State University, San Bernardino. The study has been approved by the Institutional Review Board at CSUSB. Dr. Chang's telephone number is 909-880-5184 for questions or verification concerning this study.

You will be asked to answer questions about your exposure to domestic violence, your child's exposure, and your child's school performance. With your permission, your child will also be asked about any domestic violence they may have seen or heard, and their school performance. There are no right or wrong answers. It will take approximately 30 minutes for you and your child to complete the surveys. The questions will be read aloud to you and your child separately. Some of the survey questions may remind you and/or your child of some unpleasant or painful experiences. If you or your children feel upset or emotionally disturbed, during or after answering the questions, please let us know and we will make a counselor available to speak with you.

We hope that this study will benefit children by increasing our knowledge of how children are affected by domestic violence and how they can be helped.

Your and your child's identity will be held in the strictest confidence by the researchers. At no time will your names be reported along with your responses. All information reported in this study will be given in group form only. You will be informed about how to see a report of the study results (after June, 2002) at the end of this session. Your participation and your child's participation in this study are completely voluntary and you and your child may stop answering the questions at any time without penalty. You may also request that you or your child's responses be withdrawn from the study at any time. Your decision for you or your child to participate or not participate will not in any way affect the services you receive from Antelope Valley Domestic Violence Council, Alternatives to Domestic Violence, or High Desert Domestic Violence, or your child's grades at school.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I am at least 18 years of age. My child(ren) _____ also has(have) my permission to participate.

Participant's Signature _____ Date _____

Please Print Your Name

Children's Domestic Violence Exposure
Children's Informed Consent

You are being asked to answer some questions for a study about what kinds of family fighting (domestic violence) you may have seen or heard and if this has anything to do with how you are doing in school now. The study is being done by Denise Hollingsworth and Mardetta Lynch, who will answer any questions you have about the papers you will fill out.

You and your parent will both answer some questions about fighting that may have occurred in your family and some questions about how you are doing at school. The questions should take about half an hour to answer. There are no right or wrong answers. Just try to tell the truth. Some of the questions may remind you about things that make you unhappy. If you feel upset or worried during or after answering the questions, please let us know and we will make sure to have somebody talk to you about your feelings.

We hope that by asking these questions, we can learn more about how children who have seen or heard family fighting can be helped to feel better and to do better in school.

Your name will be kept secret from everyone who reads about this study. You don't have to answer the questions if you don't want to. Your mother has given us her permission for you to answer questions; however, if you do not want to do this, you may say so now. While you are answering the questions, if you do not feel like continuing, you may stop at any time. This will not influence your grades at school and will not cause any problems for you or your family. If you do want to answer the questions for this study, please write or sign your name below.

APPENDIX C
DEBRIEFING STATEMENTS

Debriefing Statement
(Parent)

The study in which you have just taken part will explore the effects of domestic violence on children's school performance. Questions about you and your children's exposure to domestic violence and your children's school performance were asked. All answers you and your child(ren) gave will be kept anonymous and confidential. All information reported in the study will be presented in group form only, with no names attached.

If any of these questions have created concern for you or your children, please ask this agency (Antelope Valley Domestic Violence Council, Alternatives to Domestic Violence, or High Desert Domestic Violence) for a counseling appointment. If you have any questions about the study, please contact Dr. Chang at CSUSB, (909) 880-5184. The study results will be available after June, 2002 at Pfau Library, CSUSB or the offices of the above agencies. Ask the librarian or office staff for the study on Special Education Needs Among Children Exposed to Domestic Violence by Denise Hollingsworth and Mardetta Lynch.

Thank you for participating in this study.

Debriefing Statement (Children)

You have just helped with a study about family fighting (domestic violence) and how children who have seen or heard family fighting are doing in school by Denise Hollingsworth and Mardetta Lynch. Any of the answers you gave us will be kept separate from your name or any of your family members' names. Anyone who reads the finished study will not know who you are.

If any of the questions you answered brought up bad memories for you that caused you to feel badly, you can ask your parent to help you talk with a counselor about these feelings. If you have any questions about this study, please ask your parent to answer them. Your parent can also contact the people who are doing this study to answer your questions by calling Dr. Janet Chang at California State University, San Bernardino, 909-880-5184.

Thank you for giving us your help by answering our questions for this study.

APPENDIX D
CHILDREN'S IMPAIRMENT SCALE

Children's Impairment Scale

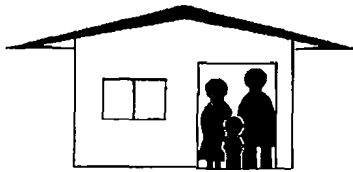
School Adjustment Subscale

Adequacy of a child's academic performance and behavior at school. Exclude academic problems due to a specific learning disability or mental retardation.

- | | | |
|-----|-------------|---|
| 1 | None: | Adequate adjustment. |
| 2 | Minimal: | Adjustment problems present but no impairment. |
| 3 | Mild: | Recent failure in one subject for one school term OR
deportment—child reported to parent by teacher as disruptive in
class. |
| 4 | Moderate: | Recurring failure in one subject; or requires special educational
remediation (e.g., tutoring, special class placement) OR
deportment— child is persistent behavioral problem, is
frequently sent to principal's office or at least one special parent
conference is held per term. |
| 5 | Severe: | Academic—recurring failures result in being held back, failures
in special class placement, OR deportment—child is suspended,
expelled, or transferred because of deportment. |
| 999 | Do Not Use: | Developmental delay or other factors affect school |

APPENDIX E
PERMISSION LETTERS

Hotline:
(661) 945-6736 (24 hr)



Adm. Off.: (661) 949-1916
CalWorks: (661) 723-7772
M.A.T.T. (661) 951-3869
Fax: (661) 940-3422

ANTELOPE VALLEY DOMESTIC VIOLENCE COUNCIL

November 20, 2001

Denise Hollingsworth
14299 La Paz #40
Victorville, Ca. 02392

Dear Ms. Hollingsworth;

I am writing this letter at your request per our conversation on November 19, 2001.

The Antelope Valley Domestic Violence Council is pleased to assist you with your graduate project. The staff of the shelter realizes the importance of research in the field of domestic violence and that all research may eventually help our clients.

If you need to contact me, you may reach me at 661-949-1916.

Sincerely,

Carol Ensign, LCSW
Executive Director



P.O. Box 4226
Lancaster, CA 93539



HIGH DESERT DOMESTIC VIOLENCE PROGRAM, INC.

Member Agency of the Desert Communities United Way
17100-B Bear Valley Road, #284 PMB • Victorville, CA 92392

~ hddv@ccc.org ~

(760) 843-0701
Outreach Center

(760) 843-9551
Fax

(760) 949-HELP
24-Hour Hotline

March 22, 2001

California State University, San Bernardino
Department of Social Work
5500 University Parkway
San Bernardino, CA 924-2397

Dear Dr. Janet Chang,

As Executive Director of High Desert Domestic Violence Program, Inc., I, Rebecca Johnson, authorize Denise Hollingsworth, MSW student researcher enrolled at California State University, San Bernardino, to collect data through our agency's helter. I understand that the purpose of the study is to find a correlation between children's early exposure to domestic violence and the needs for special education services. I understand the research procedure will consist of agency clients voluntarily participating in an anonymous, on-site survey.

As a confidential shelter program, I acknowledge that Denise Hollingsworth has already completed the oath of confidentiality and child abuse reporting forms, and has had the standard fingerprinting procedure completed. I understand that full confidentiality will be assured for our clients at all times, and that our agency will be given access to the findings of this research upon its completion.

Please feel free to contact me if you require further information.

Sincerely,

Rebecca Johnson
Executive Director

cc: Ms. Denise Hollingsworth



HORIZON HOUSE

24-hour Crisis Line
Local and Out of County
909.683.0829
Remainder of Riverside
County: 800.339.SAFE

Riverside:
Administrative Offices
Program Services
P.O. Box 910
Riverside, CA 92502
909.320.1370
FAX 909.320.1381
jccady@us2.net

Corona:
Family Preservation
Coalition
Outreach Site
525 So. Corona Mall
Corona, CA 92879
909.737.8410

Hemet:
Outreach Site
P.O. Box 910
Riverside, CA 92502
909.320.1374

Temecula:
Outreach Site
P.O. Box 892131
Temecula, CA 92589
909.506.2552

Board of Directors
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Dejaire King
Kathleen Newton

Executive Director
Eliza Dantely-Woolfolk

A United Way Agency



March 18, 2002

Dear Mardette:

In response to your phone call of March 18, 2002, I am writing this letter to record this agencies support of your research study of the effects of domestic violence on children. We are enthusiastic about the support the opportunity to facilitate any research that helps the information pool about the effects of domestic violence on any family member. We are opening our Outreach support groups and children support groups for your research instruments to be used. We are urging our clients to be participants but at the same time letting them say no.

Please let me know if any thing more is needed.

Sincerely,

Betty Woody

Betty Woody MA
Director of Direct Services



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397



March 4, 2002

Ms. Denise Hollingsworth & Ms. Mardetta Lynch
c/o Professor Janet Chang
Department of Social Work
California State University
5500 University Parkway
San Bernardino, California 92407

Dear Ms. Hollingsworth & Ms. Lynch:

Your application to use human subjects, titled, "Special Education Needs Among Children Exposed To Domestic Violence" has been reviewed by the Institutional Review Board (IRB). Your informed consent statement should contain a statement that reads, "This research has been reviewed and approved by the Institutional Review Board of California State University, San Bernardino."

Please notify the IRB if any substantive changes are made in your research prospectus and/or any unanticipated risks to subjects arise. If your project lasts longer than one year, you must reapply for approval at the end of each year. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Joseph Lovett, Chair
Institutional Review Board

JL/mg

cc: Professor Janet Chang - Department of Social Works

The California State University
Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles • Maritime Academy
Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX F
CONFLICT TACTICS SCALE
RESPONSES

Mothers' Conflict Tactics Scale (CTS) Responses

Parent CTS Question A: Tried to discuss things calmly

	Mother (N = 28)		Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	1	3.6%	7	25.0%
1 – Once that year	2	7.1%	3	10.7%
2 – Two or three times	2	7.1%	7	25.0%
3 – Often, less than once a month	-	-	1	3.6%
4 – About once a month	3	10.7%	5	17.9%
5 – More than once a month	20	71.4%	5	17.9%

Parent CTS Question B: Did discuss the issue calmly

	Mother (N = 26)		Partner (N = 26)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	1	3.8%	10	38.5%
1 – Once that year	2	7.7%	3	11.5%
2 – Two or three times	5	19.2%	3	11.5%
3 – Often, less than once a month	3	11.5%	6	23.1%
4 – About once a month	1	3.8%	-	-
5 – More than once a month	14	53.8%	4	15.4%

Parent CTS Question C: Got information to back up his/her side of things

	Mother (N = 26)		Partner (N = 26)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	3	11.5%	12	46.2%
1 – Once that year	2	7.7%	3	11.5%
2 – Two or three times	3	11.5%	3	11.5%
3 – Often, less than once a month	3	11.5%	4	15.4%
4 – About once a month	5	19.2%	-	-
5 – More than once a month	10	38.5%	4	15.4%

Parent CTS Question D: Brought in someone else to help settle things (or tried to)

	Mother (N = 28)		Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	10	35.7%	22	78.6%
1 – Once that year	1	3.6%	-	-
2 – Two or three times	5	17.9%	2	7.1%
3 – Often, less than once a month	1	3.6%	-	-
4 – About once a month	3	10.7%	2	7.1%
5 – More than once a month	8	28.6%	2	7.1%

Parent CTS Question E: Argued heatedly but short of yelling

	Mother (N = 28)		Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	2	7.1%	4	14.3%
1 – Once that year	1	3.6%	2	7.1%
2 – Two or three times	5	17.9%	3	10.7%
3 – Often, less than once a month	6	21.4%	4	14.3%
4 – About once a month	4	14.3%	2	7.1%
5 – More than once a month	10	35.7%	13	46.4%

Parent CTS Question F: Yelled or insulted

	Mother (N = 25)		Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	3	12.0%	1	3.6%
1 – Once that year	1	4.0%	1	3.6%
2 – Two or three times	6	24.0%	3	10.7%
3 – Often, less than once a month	5	20.0%	1	3.6%
4 – About once a month	4	16.0%	2	7.1%
5 – More than once a month	6	24.0%	20	71.4%

Parent CTS Question G: Sulked or refused to talk about it

	Mother (N = 27)		Partner (N = 27)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	5	18.5%	3	11.1%
1 – Once that year	4	14.8%	-	-
2 – Two or three times	7	25.9%	4	14.8%
3 – Often, less than once a month	4	14.8%	4	14.8%
4 – About once a month	2	7.4%	1	3.7%
5 – More than once a month	5	18.5%	15	55.6%

Parent CTS Question H: Stomped out of the room

	Mother (N = 25)		Partner (N = 27)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	6	24.0%	4	14.8%
1 – Once that year	2	8.0%	-	-
2 – Two or three times	7	28.0%	4	14.8%
3 – Often, less than once a month	3	12.0%	6	22.2%
4 – About once a month	2	8.0%	1	3.7%
5 – More than once a month	5	20.0%	12	44.4%

Parent CTS Question I: Threw something (but not at the other) or smashed something

	Mother (N = 27)		Partner (N = 27)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	20	74.1%	3	11.1%
1 – Once that year	3	11.1%	5	18.5%
2 – Two or three times	-	-	3	11.1%
3 – Often, less than once a month	2	7.4%	2	7.4%
4 – About once a month	-	-	2	7.4%
5 – More than once a month	27	7.4%	12	44.4%

Parent CTS Question J: Threatened to hit or throw something at the other

	Mother (N = 26)		Partner (N = 25)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	21	80.8%	4	16.0%
1 – Once that year	-	-	1	4.0%
2 – Two or three times	1	3.8%	3	12.0%
3 – Often, less than once a month	2	7.7%	4	16.0%
4 – About once a month	-	-	2	8.0%
5 – More than once a month	2	7.7%	11	44.0%

Parent CTS Question K: Threw something at the other person

Mother (N = 27)			Partner (N = 27)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	20	74.1%	5	18.5
1 – Once that year	3	11.1%	5	18.5
2 – Two or three times	1	3.7%	3	11.1
3 – Often, less than once a month	1	3.7%	2	7.4
4 – About once a month	-	-	1	3.7
5 – More than once a month	2	7.4%	11	40.7

Parent CTS Question L: Pushed, grabbed, or shoved the other

Mother (N = 27)			Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	18	66.7%	1	3.6%
1 – Once that year	4	14.8%	5	17.9%
2 – Two or three times	1	3.7%	6	21.4%
3 – Often, less than once a month	2	7.4%	3	10.7%
4 – About once a month	-	-	2	7.1%
5 – More than once a month	2	7.4%	11	39.3%

Parent CTS Question M: Hit the other person with their hand (or tried to)

Mother (N = 27)			Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	20	74.1%	5	17.9%
1 – Once that year	3	11.1%	7	25.0%
2 – Two or three times	-	-	4	14.3%
3 – Often, less than once a month	2	7.4%	2	7.1%
4 – About once a month	1	3.7%	1	3.6%
5 – More than once a month	1	3.7%	9	32.1%

Parent CTS Question N: Hit the other person with something hard (or tried to)

Mother (N = 27)			Partner (N = 28)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	21	77.8%	11	39.3%
1 – Once that year	2	7.4%	4	14.3%
2 – Two or three times	2	7.4%	4	14.3%
3 – Often, less than once a month	-	-	2	7.1%
4 – About once a month	-	-	-	-
5 – More than once a month	2	7.4%	7	25.0%

Parent CTS Question O: Threatened to break up or divorce

Mother (N = 26)			Partner (N = 27)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	6	23.1%	9	33.3%
1 – Once that year	4	15.4%	5	18.5%
2 – Two or three times	5	19.2%	2	7.4%
3 – Often, less than once a month	2	7.7%	2	7.4%
4 – About once a month	2	7.7%	1	3.7%
5 – More than once a month	7	26.9%	8	29.6%

Parent CTS Question P: Other. Please describe:

	Mother (N = 8)		Partner (N = 9)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	5	62.5%	3	33.3%
1 – Once that year	1	12.5%	1	11.1%
2 – Two or three times	2	25.0%	2	22.2%
3 – Often, less than once a month	-	-	1	11.1%
4 – About once a month	-	-	-	-
5 – More than once a month	-	-	2	22.2%

Children's Conflict Tactics Scale (CTS) Responses

Child CTS Question A: Tried to discuss things calmly

	Parent (N = 33)		Partner (N = 33)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	3	9.1%	12	36.4%
1 – Once that year	1	3.0%	7	21.2%
2 – Two or three times	4	12.1%	5	15.2%
3 – Often, less than once a month	4	12.1%	1	3.0%
4 – About once a month	3	9.1%	2	6.1%
5 – More than once a month	18	54.5%	6	18.2%

Child CTS Question B: Did discuss the issue calmly

	Parent (N = 33)		Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	5	15.2%	16	50.0%
1 – Once that year	1	3.0%	6	18.8%
2 – Two or three times	5	15.2%	2	6.3%
3 – Often, less than once a month	1	3.0%	2	6.3%
4 – About once a month	1	3.0%	1	3.1%
5 – More than once a month	20	60.6%	5	15.6%

Child CTS Question C: Got information to back up his/her side of things

	Parent (N = 33)		Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	6	18.2%	16	50.0%
1 – Once that year	5	15.2%	3	9.4%
2 – Two or three times	3	9.1%	6	18.8%
3 – Often, less than once a month	5	15.2%	2	6.3%
4 – About once a month	2	6.1%	4	12.5%
5 – More than once a month	12	36.4%	1	3.1%

Child CTS Question D: Brought in someone else to help settle things (or tried to)

	Parent (N = 32)		Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	11	34.4%	22	68.8%
1 – Once that year	4	12.5%	1	3.1%
2 – Two or three times	1	3.1%	1	3.1%
3 – Often, less than once a month	4	12.5%	1	3.1%
4 – About once a month	3	9.4%	4	12.5%
5 – More than once a month	9	28.1%	3	9.4%

Child CTS Question E: Argued heatedly but short of yelling

	Parent (N = 32)		Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	10	31.3%	5	15.6%
1 – Once that year	3	9.4%	3	9.4%
2 – Two or three times	4	12.5%	2	6.3%
3 – Often, less than once a month	2	6.3%	1	3.1%
4 – About once a month	1	3.1%	3	9.4%
5 – More than once a month	12	37.5%	18	56.3%

Child CTS Question F: Yelled or insulted

	Parent (N = 33)		Partner (N = 31)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	10	30.3%	3	9.7%
1 – Once that year	2	6.1%	1	3.2%
2 – Two or three times	4	12.1%	2	6.5%
3 – Often, less than once a month	5	15.2%	8	25.8%
4 – About once a month	2	6.1%	2	6.5%
5 – More than once a month	10	30.3%	15	48.4%

Child CTS Question G: Sulked or refused to talk about it

	Parent (N = 33)		Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	15	45.5%	12	37.5%
1 – Once that year	3	9.1%	2	6.3%
2 – Two or three times	4	12.1%	1	3.1%
3 – Often, less than once a month	2	6.1%	3	9.4%
4 – About once a month	5	15.2%	3	9.4%
5 – More than once a month	4	12.1%	11	34.4%

Child CTS Question H: Stomped out of the room

	Parent (N = 32)		Partner (N = 31)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	21	65.6%	7	22.6%
1 – Once that year	2	6.3%	2	6.5%
2 – Two or three times	2	6.3%	2	6.5%
3 – Often, less than once a month	-	-	5	16.1%
4 – About once a month	3	9.4%	5	16.1%
5 – More than once a month	4	12.5%	10	32.3%

Child CTS Question I: Threw something (but not at the other) or smashed something

	Parent (N = 33)		Partner (N = 33)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	21	63.6%	10	30.3%
1 – Once that year	3	9.1%	3	9.1%
2 – Two or three times	2	6.1%	4	12.1%
3 – Often, less than once a month	1	3.0%	5	15.2%
4 – About once a month	-	-	1	3.0%
5 – More than once a month	6	18.2%	10	30.3%

Child CTS Question J: Threatened to hit or throw something at the other

Parent (N = 34)			Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	22	64.7%	9	28.1%
1 – Once that year	-	-	4	12.5%
2 – Two or three times	2	5.9%	5	15.6%
3 – Often, less than once a month	1	2.9%	2	6.3%
4 – About once a month	3	8.8%	5	15.6%
5 – More than once a month	6	17.6%	7	21.9%

Child CTS Question K: Threw something at the other person

Parent (N = 34)			Partner (N = 30)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	23	67.6%	13	43.3%
1 – Once that year	4	11.8%	3	10.0%
2 – Two or three times	-	-%	3	10.0%
3 – Often, less than once a month	1	2.9%	1	3.3%
4 – About once a month	2	5.9%	2	6.7%
5 – More than once a month	4	11.8%	8	26.7%

Child CTS Question L: Pushed, grabbed, or shoved the other

Parent (N = 34)			Partner (N = 31)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	15	44.1%	4	12.9%
1 – Once that year	7	20.6%	5	16.1%
2 – Two or three times	2	5.9%	5	16.1%
3 – Often, less than once a month	3	8.8%	1	3.2%
4 – About once a month	-	-	5	16.1%
5 – More than once a month	7	20.6%	11	35.5%

Child CTS Question M: Hit the other person with their hand (or tried to)

Parent (N = 34)			Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	21	61.8%	6	18.8%
1 – Once that year	3	8.8%	4	12.5%
2 – Two or three times	1	2.9%	4	12.5%
3 – Often, less than once a month	1	2.9%	2	6.3%
4 – About once a month	1	2.9%	3	9.4%
5 – More than once a month	7	20.6%	13	40.6%

Child CTS Question N: Hit the other person with something hard (or tried to)

Parent (N = 34)			Partner (N = 32)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	23	67.6%	17	53.1%
1 – Once that year	3	8.8%	2	6.3%
2 – Two or three times	-	-	1	3.1%
3 – Often, less than once a month	1	2.9%	1	3.1%
4 – About once a month	1	2.9%	-	-
5 – More than once a month	6	17.6%	11	34.4%

Child CTS Question O: Threatened to break up or divorce

Parent (N = 34)			Partner (N = 31)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	15	44.1%	11	35.5%
1 – Once that year	3	8.8%	2	6.5%
2 – Two or three times	3	8.8%	3	9.7%
3 – Often, less than once a month	2	5.9%	3	9.7%
4 – About once a month	1	2.9%	2	6.5%
5 – More than once a month	10	29.4%	10	32.3%

Child CTS Question P: Other. Please describe:

Parent (N = 12)			Partner (N = 11)	
	Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
0 – Never	9	75.0%	5	45.5%
1 – Once that year	-		-	-
2 – Two or three times	-		1	9.1%
3 – Often, less than once a month	1	2.1%	-	-
4 – About once a month	-		-	-
5 – More than once a month	2	16.7%	5	45.5%

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project and both authors collaborated throughout. In some phases of the project, however, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Team Effort: Denise Jo Hollingsworth and
Mardetta Kay Lynch

2. Data Entry and Analysis:

Team Effort: Denise Jo Hollingsworth and
Mardetta Kay Lynch

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Assigned Leader: Mardetta Kay Lynch
Assisted By: Denise Jo Hollingsworth

b. Methods

Assigned Leader: Mardetta Kay Lynch
Assisted By: Denise Jo Hollingsworth

c. Results

Assigned Leader: Mardetta Kay Lynch
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d. Discussion

Team Effort: Mardetta Kay Lynch and
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